



Project KITE

Kids Included Through Technology are Enriched Parent/Caregiver Participation Form

Project KITE requires that each of the teams participating in the training program consist of the following:

- a teacher of a class in which children with disabilities are included,
- parents or guardians of children with disabilities included in the class, and
- a service provider or paraprofessional who works with the classroom.

Name: _____ Date: _____

Child's name: _____ Date of birth: _____

Child's teacher: _____ Grade/Year in School: _____

School Name and City: _____

Please describe your child's disability: _____

Please describe your child's strengths: _____

1. Tell us about your computer skills.

How familiar are you with computers?

Not at all

Somewhat

Comfortable

What type of computer(s) have you used? _____

What software programs have you used? _____

What type of computer do you have access to:

at work? _____

at home? _____

2. Are you familiar with assistive technology (AT) devices or software?

Not at all

Somewhat

Comfortable

What assistive technology devices or software have you used with your child?

Please describe AT devices or software that you wish to learn more about in Project KITE trainings: _____

3. Please tell us about your background.

What is your cultural background?

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian American | <input type="checkbox"/> Lao |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other, please specify: _____ | |

What is your income level?

- | | | |
|--------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> lower | <input type="checkbox"/> lower-middle | <input type="checkbox"/> Middle |
| <input type="checkbox"/> middle-high | <input type="checkbox"/> high | |

In which geographical area do you live?

- | | | |
|---|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Inner-city | <input type="checkbox"/> Suburb | <input type="checkbox"/> Reservation |
| <input type="checkbox"/> Rural | <input type="checkbox"/> City | |
| <input type="checkbox"/> Other, please specify: _____ | | |

4. Would you be a potential resource person for others?

- | | |
|---|-----------------|
| <input type="checkbox"/> Professionals | How many? _____ |
| <input type="checkbox"/> Parents | How many? _____ |
| <input type="checkbox"/> Another KITE Team? | |

5. Please write a few lines about why you wish to attend this training and the skills you hope to acquire through Project KITE. _____

I am interested in participating in Project KITE and will agree to attend the training sessions and to work with the team for the benefit of my child.

Signature

Date

Address: _____

Phone (h) _____ **Phone (w)** _____

E-mail (h) _____ **E-mail (w)** _____